

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 117
Registered No. 55

PLACE OF BIRTH

County Pima

State

District or Township

or Village

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. Ward

Full name of child Beatrice Alia Runtaria

If child is not yet named, make supplemental report, as directed.

Sex of Child

To be answered ONLY
In event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth
Month Day Year

5. No., in order of birth

FATHER

Name

Residence

(Usual place of abode)

If non-resident, give place and state.

Color or race

Mexican

11. Age at last birthday 45 (Years)

Birthplace (city or place)

(State or country)

Occupation

Nature of Industry

14.

MOTHER

Full maiden name

15 Residence

(Usual place of abode)

If non-resident, give place and state.

16 Color or race

Mexican

17. Age at last birthday 43 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of Industry

Number of children of this mother

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.

Signature

Charles H. Smith, M.D.
Pima
(Physician or Midwife)

Address

Name added from supplemental report

Month, day, year

Registrar

Filed Aug 6, 1927

Registrar

291-801-452-